

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

Attorney Docket No. 5576-90

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

WET FLUE GAS DUSULFURIZER AND OXYGEN-CONTAINING GAS
BLOWING DEVICE FOR USE THEREIN

the specification of which

☒ is attached hereto

OR

☐ was filed on _____ as United States Application No.
_____ or PCT international application No. and was amended on
_____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

9-302654	Japan	5/November/1997	<input checked="" type="checkbox"/> <input type="checkbox"/>
(Number)	(Country)	(Day/Month/Year Filed)	Yes No
10-029170	Japan	27/January/1998	<input checked="" type="checkbox"/> <input type="checkbox"/>
(Number)	(Country)	(Day/Month/Year Filed)	Yes No
_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
(Number)	(Country)	(Day/Month/Year Filed)	Yes No
_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
(Number)	(Country)	(Day/Month/Year Filed)	Yes No

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below.

_____	_____
(Application Number)	(Day/Month/Year Filed)

_____	_____
(Application Number)	(Day/Month/Year Filed)

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application (37 C.F.R. §1.63(d)).

_____	_____	_____
(Appln. Serial No.)	(Filing Date)	(Status)
		Patented/Pending/Abandoned

_____	_____	_____
(Appln. Serial No.)	(Filing Date)	(Status)
		Patented/Pending/Abandoned

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, and direct that all correspondence be addressed to that Customer Number:

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